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No. 15

Medical equipment rules ensnare ODs who provide post-cataract eyewear

A new mandatory accreditation requirement for durable medical equipment suppliers — intended to curb abuses in the wheelchair, prosthetics and home health equipment industries — is starting to make it difficult for some optometrists to provide cataract patients with eyeglasses under Medicare, according to the AOA Washington office.

And, unless AOA-backed efforts to change the accreditation requirement are successful, it could make it close to impossible for almost any eye care practice to provide eyewear to post-surgical cataract patients under Medicare by the fall of 2009.

In March, the Centers for Medicare & Medicaid Services (CMS) began enforcing the new quality standards for durable medical equipment, prosthetics, orthotics, and suppliers (DME-POS), which were set down under the Medicare Modernization Act of 2003.

The new standards are being imposed in response to widespread complaints about over-priced or poor-quality prosthetics and home health care equipment dispensed to Medicare patients.

In order to obtain the Medicare DMEPOS supplier numbers, necessary to file claims for prosthetics or consumer medical supplies, suppliers will now have to be formally accredited as meeting the quality standards by a CMS-designated, independent certification agency.

Medicare provides a very limited eyewear benefit: one pair for patients following cataract surgery, notes AOA Advocacy Group Director Jon Hymes. However, because the CMS classifies eyeglasses as a form of durable medical equipment, optometrists who wish to provide those eyeglasses to their patients following cataract surgery must obtain DMEPOS supplier numbers and, beginning this month, will have to start obtaining the required accreditation.

Initially only providers entering the Medicare program for the first time, or acquiring new federal tax ID numbers, will have to obtain the new certification.

However, by Sept. 30, 2009, all providers of durable medical equipment — including all optometric practices that dispense

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President's Column
Diversity energizes profession, practices



Optometry's Meeting™ coverage
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PRESIDENT'S COLUMN

Diversity energizes profession, practices

In case you missed it, diversity has hit America big time. A female senator from New York, a black senator from Illinois and a white senator from Arizona—noting highlights America's shift to embracing diversity more than this year's presidential primaries.

But what about optometry—is diversity upon us? How are we adapting to the new face of our profession?

At the AOA Membership Summit on April 7, 2008, some of the issues facing the profession relative to diversity were explored—particularly the issues of the increasing numbers of women in optometry and the changes in ethnicity among our optometry students.

These issues, and more, raise a number of questions for our profession.

When I began optometry school in 1972, there were just five women in my class. Today, nearly 65 percent of each entering class is represented by women.

The increased number of women entering the profession has created new challenges and opportunities for optometry to change and grow to accommodate the unique issues facing women.

The societal pressures women face in raising a family are very real and add increased responsibility on the professional woman. But women have met the challenge both in practice and in assuming leadership roles in the profession.

Increasing numbers of women are starting practices and forming groups.

Leadership roles have been increasingly assumed by women at the state and national levels. And, while we still lag in the number of female faculty at our schools, the situation is improving and women are taking on top administrative roles in the schools as well.

In addition, minority optometrists are at the very highest levels of the profession, as deans, as state presidents, in industry and in the leadership of organizations as prestigious as the American Public Health Association. They have earned the utmost respect of their peers—as reflected by the AOA's top awards in recent years.

The number of minority students in optometry is also on the rise. In 1974, Asian students represented 3.8 percent of all optometry students. Today, Asian students represent 23 percent of all optometry students in the United States.

With such a change in student ethnicity, does cultural diversity affect how we need to teach optometry students? How do we involve a diverse student base in the myriad of activities—academic and extracurricular—that are presented in optometry school? With respect to the AOA—how do we create programs and services that appeal to diverse cultural values?

But diversity carries over into practice as well. To be competitive, practitioners must broaden their practice experience to attract multiple cultures.

For example, according to

a report by the Pew Commission, the U.S. Hispanic population is expected to increase from 14 percent in 2005 to 29 percent in 2050. Today, more than 3,500 AOA member practices are located in areas with significant numbers of Hispanic residents. If your practice is located near a population center for Hispanic Americans, you will miss out on a growth opportunity if you aren't adapting.

How do you do this? Well, beyond the obvious accommodation of offering a Spanish examination, there are cultural traditions to consider, like how you address a patient or whether the family expects to come into the exam room. There are excellent resources available through the AOA, the Association of Schools and Colleges of Optometry and ophthalmic industry partners that can be helpful in understanding these cultural issues.

Early this year, the AOA began working with Transitions Optical, Inc. on an initiative designed to help optometrists better serve this growing segment of the population, and to build awareness of eye health care importance among Hispanics.

The AOA's Hispanic Communications Initiative includes developing communications tools and resources, and providing doctors with the training necessary to better understand and accommodate specific cultural differences and risk factors.

And, diversity is a worldwide issue. Optometrists throughout the world must understand not only how



Dr. Alexander

optometry is practiced from country to country, but what challenges are faced on a global scale in order to elevate the status of the profession and to make progress in eradicating preventable blindness.

The AOA's participation in the World Council of Optometry (WCO) is vital to aligning diverse world optometric cultures in an effort to improve the status of optometry. It is noteworthy that the WCO's program, Optometry Giving Sight, is making strides in eliminating world blindness due to uncorrected refractive error.

At the Optometry 2020 Summits highlighting the future of the profession, the message was that increased diversity worldwide is having an effect on optometry in this country.

It is clear that increased diversity in optometry affects our schools, our practices and our role as leaders of optometry across the globe. Each of us cannot afford to ignore the significant changes that are already upon us.

Kevin L. Alexander, O.D., Ph.D.

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Cockrell running for re-election

David A. Cockrell, O.D., has filed for re-election to the AOA Board of Trustees. He serves on the Optometry's Charity Board of Directors, the Joint Board Certification Project Team, the Commission on Quality Assessment and Improvement and the Optometry Awareness and Public Affairs Committee.

He serves as liaison trustee to the Information & Member Services Group, the Paraoptometric Section and the Optometry's Meeting™ New Practitioner Practice Management Project Team.

Dr. Cockrell has served as chair of the AOA State Government Relations Center, the Patient Care and Management Committee, the Primary Care and Patient Committee, the Statutory Scope Committee, the Nominating Committee, the Resolutions Committee and

the Affiliate Legislative Defense Fund Project Team. A member of the Oklahoma State Board of Examiners since 1996, he currently is the board's vice president.

Dr. Cockrell is a past president of the Oklahoma Association of Optometric Physicians, and was the OAOP OD of the Year in 1994. He was named to the OAOP Optometry Team of the Century 2000 and chaired the OAOP Congress Committee, the Oral Pharmaceutical Legislative Committee, and Laser Legislative Committee.

A graduate of the Southern College of Optometry, Dr. Cockrell has volunteered with the Boy Scouts of America since 1995 and is active in the Stillwater, Okla., community with the Rotary Club, Group Homes for the Mentally Handicapped, the Public



Education Foundation, the Chamber of Commerce, and the Regional Airport Authority. He serves as a vision consultant to the Oklahoma State Athletic Department.

Dr. Cockrell lives in Stillwater and practices with his wife Cherry B. Cockrell, O.D., and Jeff D. Miller, O.D. The Cockrells have two children, Cherry Beth and Shepard.

Save Your Vision Month program spreads computer vision awareness

This year's Save Your Vision Month campaign has been extremely successful and has greatly increased the nation's awareness of healthy vision.

The AOA conducted a satellite and radio media tour and several AOA members promoted Save Your Vision Month at the local level.

There were several highly visible media hits that focused on computer vision syndrome and the best ways to decrease one's risk, which was the theme of this year's campaign.

Some of the top hits included *Despierta America* (national), *Washington Post*, *Miami Herald*, *Baltimore Sun*, *KTVX-TV* (Salt Lake City), *Quick & Simple* (national), and *Woman's World* (national).

The Save Your Vision Month campaign has garnered 698 total hits.

The total media impressions are more than 75 million, and the total publicity value is more than \$114,000.

Kent Daum, O.D., Ph.D., the vice president and dean for Academic Affairs at the Illinois College of Optometry, served as the spokesperson for the AOA's satellite and radio media tour, conducted by the AOA Communications Group and Hill & Knowlton public affairs team.

Desiree Hopping, O.D., of Houston,



Kent Daum, O.D., Ph.D., during a televised media tour last month.

Aleta Gong, O.D., of Phoenix, and John Bonsett-Veal, O.D., of Madison, Wis., also participated in some local in-studio interviews.

Dr. Daum and coverage of Save Your Vision Month were featured on the front page of HealthNewsDigest.com (<http://healthnewsdigest.com/news>).

In support of Save Your Vision Month, the AOA offers free materials to members to assist their promotional efforts of the observance, which focuses on "Healthy Vision in the Workplace," including the effects of prolonged computer use on the eyes.

The member kit includes information pads and templates for a news release, a letter to send to local businesses' human resource directors and wellness coordinators and a window cling for office use.

To request a kit, send an e-mail to publicrelations@aoa.org.



LETTERS

CELMO clarification

Editor:

On behalf of the Council on Endorsed Licensure Mobility for Optometrists (CELMO), I would like to respond to issues raised regarding CELMO in the article written by AOA President Kevin Alexander, O.D., Ph.D., published in the March 10 *AOA News*.

In regard to the statement on CELMO's lack of a "comprehensive, psychometrically sound exam." The standards set for the CELMO certification process were based on a comprehensive review of all state board regulations related to endorsement and reciprocity.

That review revealed that only a handful of states continue to require an examination prior to licensure by endorsement/reciprocity. In fact, Sherry Cooper of the AOA's State Government Relations Center has consistently encouraged state licensing boards to not mandate a specific examination requirement when adopting a licensure by endorsement policy; but rather, that if an optometrist successfully completed an entry-level examination to obtain a license and has practiced in good standing for a period of time, any additional examination should be unnecessary.

Additionally, the CELMO program does include Continuing Education with Examination (CEE), which are examinations overseen by our schools and colleges of optometry and follow testing guidelines suggested by the National Board of Examiners in Optometry.

Next the statement that CELMO "lacks widespread acceptance by the profession because it is a program created by one organization (ARBO) alone." One of ARBO's roles as a national association of state

licensing boards should be to create programs and processes that enhance and streamline regulation of the optometric profession. I would disagree that CELMO lacks widespread acceptance, rather would point out that in the brief time CELMO has been operational, 13 states have already embraced CELMO either as a means for licensure by endorsement or at the very least an additional credential recognized by a state board in meeting that particular state's licensure requirements.

The CELMO Committee will watch the Joint Board Certification Project Team's progress with an eye for how the end process and CELMO may be able to strengthen our profession for the future of optometry in its ongoing role in patient care.

Laurie Mickelson
CELMO chair
Executive director liaison to ARBO Board of Directors
Executive Director,
Minnesota Board of Optometry

Study questions

Editor,

"New therapy may improve vision for AMD patients," in the March 24, *AOA News* quoted Edward Paul, O.D., as saying "AREDS is, at this date, an outdated science." If this article was a paid advertisement, it should have been labeled as such. If not, why was it published?

We are being encouraged to practice with an evidence based approach. Yet, this article suggests that we should forgo therapy which is based on a five-year NEI study containing nearly 5,000 patients, for a therapy based on a six-month study containing 37 patients. This does not qualify as evidence-based medi-

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ODs' malpractice premiums low, payments remain few

Optometrists continue to escape the nation's highly publicized "malpractice crisis" with a low incidence of adverse events among patients, few malpractice payments, and as a result, some of the lowest professional liability insurance rates in health care, according to data compiled by the AOA State Government Relations Center (AOA-SGRC).

The finding comes as the American Medical Association (AMA) continues to pursue as one of its top priorities tort reform and other measures in response to a growing volume of patient lawsuits and increasing malpractice insurance rates over the past two decades.

Statistics compiled by the National Practitioner Data Bank (NPDB) indicate malpractice payments made on behalf of optometrists remain relatively rare despite optometry's growing role in the diagnosis and treatment of eye conditions and injuries, according to the AOA-SGRC.

All medical malpractice carriers are required by federal law to report every malpractice payment made on behalf of health care providers to the NPDB.

The NPDB has compiled cumulative data on malpractice payments since the program began in September 1990.

The report is available on the NPDB Web site (<http://www.npdb-hipdb.hrsa.gov/summaryrpt.html>) and contains data on malpractice payments made for all classes of health care providers from Sept. 1, 1990, through March 17, 2008, a total of 17 years, seven months. The aggregate data is then broken down into the number of payments by class of provider by state.

Over the past 17 years, only 580 malpractice claims have been paid by professional liability insurers on behalf of optometrists, according to the AOA-SGRC (see box).

In five states (Alaska, the District of Columbia,

National Practitioner Data Bank:

Total malpractice payments reported September 1990 to March 17, 2008

Medical Physicians	232,727
Osteopathic Physicians	14,733
Dentists	40,261
Podiatrists	6,618
Optometrists.....	580

Montana, South Dakota and Vermont), only one payment on a malpractice claim against an optometrist has been made over the more than 17 years since the NPDB began collecting data.

In the majority of states (31 states and the District of Columbia) 10 or fewer payments related to malpractice claims against optometrists have been made. No more

sion, according to the AOA-SGRC.

Malpractice premiums for optometrists are even lower than those paid by some non-doctoral supervised allied health professions such as nurse practitioners and physician assistants, the center says.

Self-employed optometrists in full-time practice, who qualify for the

Malpractice premiums for optometrists are even lower than those paid by some non-doctoral supervised allied health professions such as nurse practitioners and physician assistants.

than 47 payments on behalf of optometrists have been reported in any state.

By comparison, some 232,727 payments were paid on behalf of medical doctors over the same period. Even podiatrists, who — like optometrists — limit practice to one general part of the body and do not often provide invasive care, were the subject of some 6,618 malpractice claims resulting in payments during the period.

"This data, with only 580 reported malpractice payments made for optometrists in the past 17 years, seven months, clearly shows the excellent, safe, and effective track record of the profession of optometry," the AOA-SGRC report concludes.

As a result, malpractice insurance premiums for optometrists remain the lowest for any independent doctoral-level health care profes-

lowest of the four experience-based rate tiers under the malpractice insurance plan endorsed by the AOA, pay annual premiums of \$598 for \$2 million in professional liability coverage per incident. For \$1 million in coverage, the annual premium drops to \$511.

Malpractice premiums for some health professions now run into six figures, a Web search by *AOA News* found.

According to the AMA, in many states medical liability premiums remain at, or near, all-time highs. Liability premiums for medical physicians increased more than 1,045 percent throughout the country from 1976 through 2005.

"Most people pay more each month for their home mortgage or car loan than a doctor of optometry pays for an entire year's worth of pro-

fessional malpractice liability coverage," the AOA-SGRC report notes.

The enviable malpractice claims and professional liability insurance premium rates documented in the NPDB database and AOA survey appear to contradict charges by medical and ophthalmology groups that medical eye care by optometrists has been marked by increased malpractice claims or other problems.

Medical groups widely predicted problems with malpractice when optometrists first began pursuing medical treatment authorization almost 40 years ago.

Medical groups still routinely lobby against optometric scope practice legislation citing concerns over optometric malpractice, state optometric associations report.

"Malpractice occurs primarily for two reasons: misdiagnosis (or lack of diagnosis) and bad treatment outcomes, not for prescriptive authority. Malpractice rates are based on experience (loss rate)," AOA-SGRC Chair Gilan L. Cockrell, O.D., observed. "Extraordinarily low malpractice rates for optometrists confirm a low rate of actual occurrence of malpractice."

Favorable rates may be on way out

Unfortunately, professional liability insurance rates for optometrists could increase in the future for reasons having nothing to do with incidence of malpractice occurrence among ODs, the AOA-State Government Relations Center report notes.

Some malpractice insurance carriers face huge losses resulting from medical liability coverage as well as losses on investments resulting from recent turmoil in the financial markets.

"In fact, some carriers may drop health care professional liability coverage altogether," the AOA SGRC report notes. "Coverage for optometry may be discontinued by those carriers as part of this business decision."

In the past, during similar periods of financial stress in the industry, several carriers dropped their health care professional liability lines, the AOA-SGRC notes.

Member benefit: AOA First Look

In a new benefit for AOA members, the AOA has teamed up with *U.S. News and World Report* to provide a daily e-mail summary of health care and ophthalmic news, under the title "AOA First Look."

It's a free member-only benefit. Editors at *U.S. News* scour online news sources and compile items they expect will interest optometrists every weekday morning. It's not a publication by AOA, but a "raw feed" of what the media are publishing.

AOA members who already receive association e-publications should be receiving *AOA First Look* now.

If not, check your spam-blocking settings and add Firstlook@AOA.custombriefings.com to your e-mail address book. If your network administrator or Internet service provider requests it, you can provide the sending IP address: 65.240.141.95 for whitelisting.

To sign up, send an e-mail to addresschange@aoa.org.



AOA honors Sen. Byrd for support of InfantSEE®, children's vision bill

While attending the 2008 AOA Congressional Advocacy Conference—optometry's largest and most successful federal advocacy event to date, Glen Steele, O.D., and Norma Bowyer, O.D., longtime AOA federal Keypersons, met with Sen. Robert C.

Byrd (D-W.Va.) to discuss eye and vision care issues before Congress and to present the Senator with the 2008 AOA Health Care Leadership Award.

Sen. Byrd, the chairman of the Appropriations Committee, was recognized for his work in the U.S. Senate to safeguard sight and promote healthy vision, and for leading the successful effort in 2007 to secure federal recognition and funding for the AOA's lifesaving and sight-saving InfantSEE® initiative.

After hearing from Dr. Bowyer and other optometrists in West Virginia, Sen. Byrd sponsored a direct appropriation of more than \$431,000 for InfantSEE® that was approved by Congress last December as part of the fiscal 2008 consolidated appropriations bill.

In addition to urging families across West Virginia to take immediate steps to protect the vision of their children, Sen. Byrd is working hard to pass the AOA-backed Vision Care for Kids Act (S. 1117).

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U.S. Sen. Robert C. Byrd (D-WV), Chairman of the Appropriations Committee



DC rally sets strategy for '08-'09 membership drive

Representatives from 43 AOA affiliates met April 7 in Washington, D.C., to brainstorm, learn and lay the foundation for a coordinated thrust aimed at building association membership numbers.

The Drive for 65 membership recruitment campaign will launch officially July 1. Its goal is raising AOA membership market share above 65 percent.

"Recruiting new AOA members is critical to keeping organized optometry strong," said AOA Information & Member Services Group Executive Committee Chair Barbara Horn, O.D., during opening remarks. "Any decrease in numbers threatens optometry's scope of practice and professional standing."

From presentations to hands-on workshops, rally participants discussed optometry's changing demographic,

current barriers to membership recruitment and the importance of one-on-one personal selling.

Speakers included Annie Hu, O.D., of Los Angeles, who graduated in 2002 and followed a five-year path to independent practice ownership.

She noted that young optometrists need the association to help with career information and job placement, and to assist with building practice revenues. She also said that young practitioners, especially women, need to feel comfortable at meetings.

Another new practitioner, Jody Tacker, O.D., of Mexia, Texas, graduated in 2003, and will be a full partner in a practice later this year. She said having a group to protect her

rights and to treat ODs equally and respectfully is important.

Ken Franklin, executive director of the Florida Optometric Association, described the association's "Be One Get One" program to use personal contact and doctor-to-doctor recruiting to increase association membership and involvement.

Lisa Testa, O.D., of the Ohio Optometric Association discussed how the association uses multiple forms of communication to keep members involved and informed and to recruit non-members.

Association leaders are kept informed through weekly member renewal reports and regular surveys.

Breakout sessions covered topics such as member



Alyon Wasik, O.D., representing the Armed Forces Optometric Society, leads a breakout discussion.

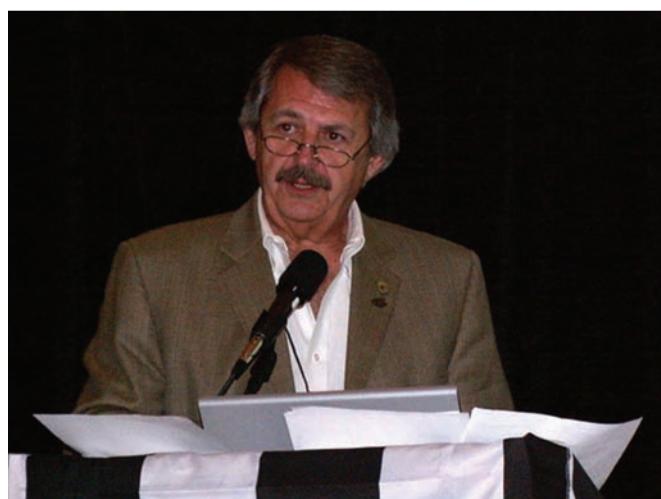
recruitment challenges, overcoming those challenges and putting plans and strategies into action.

The meeting concluded with an overview of the mem-

bership recruitment campaign. Hallmarks of the campaign will include a wide range of program offerings and incentives to reward membership growth.



Nathaniel Roland, O.D., of the New Mexico Optometric Association makes a point during the group discussion.



Ken Franklin, the executive director of the Florida Optometric Association, described the association's "Be One Get One" program.

Media tour highlights sports eye protection

Paul Berman, O.D., took to the airwaves in April to highlight the importance of eye protection during sports. In a radio media tour arranged by the AOA Communications Group and Hill & Knowlton, he discussed the AOA's recommendation that even casual athletes should protect their sight—and that of teammates—by keeping street eyewear off the playing field and wearing proper protective eyewear instead. He was interviewed by over a dozen radio outlets.

He stressed that conventional frames and lenses do not meet the minimum requirements for impact resistance in most sports, which can turn a small collision into a sight-threatening injury. Sports-protective eyewear is tested to meet rigid standards and some eyewear has been independently verified and received the AOA Seal of Acceptance, he asserted.

"Eye protection should be of major concern to all athletes, especially in certain high-risk sports," said Dr. Berman. "Thousands of children and adults unnecessarily suffer sports-related eye injuries each year. Every thirteen minutes an emergency room in the United States treats a sports-related eye injury and nearly all could be prevented by using the proper protective eyewear. And, if you participate in sports, get an eye exam. It can detect whether you have vision problems, like nearsightedness, farsightedness or astigmatism, which could diminish your performance and lead to physical injuries during sports."

More than 42,000 sports-related eye injuries require emergency room attention each year. An estimated 13,500 cases result in permanent loss of sight.

Letters

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cine, and is barely more than anecdotal evidence. In addition, the new therapy can only be purchased from doctor's offices and costs about \$75 per month. Whereas, AREDS therapy can be purchased in numerous retail locations with a cost under \$20 per month.

You might as well suggest that we become snake oil salesmen, selling the latest remedies from our traveling wagons.

Charles Kissling, O.D.
Wichita, Ks.

Editor's note: It was precisely the same concerns about the study that prompted AOA News staff to ask AOA Clinical Care Group Director Jeffrey L. Weaver, O.D., for his assessment and cautionary statement concluding the article.

OD stops offering Medicare-covered eyewear to post-cataract patients

Beaver Creek, Ohio-based practitioner David Stewart, O.D., became aware of the new Medicare quality accreditation requirement recently after he incorporated his practice to facilitate the addition of a new associate.

The incorporation of the practice entailed an application for a new federal tax identification number and an application to Medicare's National Supplier Clearinghouse (NSC) for a new Medicare durable good provider number.

After filing his application for a new provider number, the NSC informed him that his application had been rejected for lack of Medicare quality certification. Not long after that, his Medicare durable medical equip-

ment regional carrier (DME MAC), Columbia, N.C., based PalmettoGNB, informed him that because his newly incorporated practice lacked an NSC number, he would no longer be allowed to file claims for eyewear reimbursement.

In a similar manner, the new Medicare durable medical equipment quality accreditation requirement will immediately mean that new optometrists entering practice, established practitioners who move their offices (particularly to another state), incorporate their practices or change their incorporation status (for example to an S Corp) will find they are unable to provide Medicare-reimbursable eyewear for cataract patients, Dr. Stewart observed.

Equipment

from page 1

eyeglasses to post-surgical cataract patients under Medicare – will have to obtain the accreditation certifying compliance with the new Medicare quality standards, Hymes notes.

The problem: the new quality standards do not actually cover eyeglasses or other products routinely dispensed in most optometric practices.

The only eye-related products covered under the new quality standards are ocular prostheses (defined as custom-fabricated ocular prostheses that replace the globe of the eye or cover the existing unsightly eye as a result of traumatic injury, disease and/or ablative surgery, or congenital malformation), which most optometrists do not dispense.

In addition, the CMS Web site (www.cms.hhs.gov/medicareprovidersupenroll) states that only one of the 10 independent accrediting agencies deemed to take part in the project accredits providers of ocular prosthetics: the Alexandria, VA-based American Board for Certification in Orthotics & Prosthetics, Inc. (ABCOP).

ABCOP's certification process, like those of the other accreditation agencies on the list, was developed with large manufacturers of durable medical equipment in mind. It requires completion of an

extensive application form (available online or on paper) and a thorough site inspection by an ABCOP inspector.

Largely as a result of the site inspection, ABCOP certification costs a total of around \$3,000, according to the board's Web site.

An ABCOP representative confirmed that the certification program was never intended to cover small providers of health care products such as eye care practices, according to Beaver Creek, Ohio-based practitioner David Stewart, O.D., who recently investigated certification and deemed it infeasible. (See story, above.)

However, the ABCOP representative also emphasized that the new certification requirement provides for "no exceptions," Dr. Stewart reported.

The AOA Advocacy Group has been meeting with the CMS since last year in an attempt to arrange an exemption to the certification requirement for eye care practices. To further the effort, the AOA has joined with a coalition of health care provider organizations representing podiatrists, physical therapists, occupational therapists, orthopedic surgeons and other physicians and health professionals that are attempting to change the requirement.

Some of the coalition

groups, including the AOA, are involved in efforts to educate key members of Congress about the CMS's delayed response and to explore alternative solutions.

Dr. Stewart said that as a result of the new accreditation requirement he will no longer file claims for eyewear under Medicare. Instead, in many cases, he will issue Medicare post-surgical cataract patients the standard CMS form indicating that he is not a provider of the product they require under Medicare, charge patients directly for the eyeglasses, and instruct them that they can file claims with Medicare for reimbursement. He acknowledges the new office policy will probably not be favorably received by his older adult patients "who are confused by the Medicare rules anyway."

Fortunately, he said, the eyewear provided for many of his Medicare patients is covered by Medigap plans, which are not subject to the certification requirement.

Eyeglasses provided under Medicaid are not covered under the new certification requirement because that eyewear is provided through optical labs contracted by state Medicaid agencies.

And by September of 2009, it could impact all optometrists, opticians and ophthalmologists, he added.

Federal agents targeting medical device industry

A high-profile government probe, which has resulted in a number of major enforcement actions against pharmaceutical companies, is now being focused on the medical device industry. As part of the effort, government agents are looking into relationships between device makers and health care practitioners, the AOA Office of Counsel warns.

The investigations are likely to cover a range of health care devices including contact lenses and other vision-related products, according to AOA Office of Counsel.

The AOA Office of Counsel encourages optometrists to review their office procedures and relationships with device makers to ensure compliance with applicable federal law.

Federal investigators have never before targeted health care device makers in such investigations.

Some close to the effort believe that a number of device makers may be susceptible to prosecution.

Government investigators are looking mainly for violations of the federal Anti-Kickback Statute, which prohibits companies from paying incentives to individuals or entities that are eligible for reimbursement under a federal health care program such as Medicare or Medicaid.

The anti-kickback investigations will probably center mostly on contractual arrangements between device makers and health care providers.

However, investigators are placing emphasis on uncovering "misbranded" medical devices and "off-label" promotion, which are prohibited under the federal Food, Drug and Cosmetic Act.

That legislation provides for felony and misdemeanor criminal prosecutions, as well as civil monetary penalties, for violations related to medical devices.

In addition, agents believe they may be able to bring cases under the federal Civil False Claims Act, the federal Foreign Corrupt Practices Act (an anti-kickback statute that applies to actions outside the United States), and general criminal statutes for conspiracy and fraud.

The U.S. Department of Justice is leading the investigation using agents at both its Washington, D.C., headquarters and some regional offices, with assistance from state attorneys general and Medicaid enforcement officers.

The Justice Department is targeting the medical device industry in part because investigators have become aware that, in many cases, there are close relationships between device makers and health care providers.

In the case of many devices, health care providers are heavily involved in the development process and may be retained by device makers to test products. In addition, manufacturers often sponsor educational and training seminars to increase practitioner familiarity with their products.

The Justice Department believes its medical devices probe will result in a number of successful civil or criminal actions.

Department attorneys have gained considerable expertise in preparing cases in the course of the investigations of pharmaceutical companies, officials note. In addition, the department believes employees or associates for device makers may step forward to provide information on illegal activities. The federal Civil False Claims Act provides monetary incentives — include treble damages and up to \$10,000 per violation — for "whistleblowers" who provide information in such investigations, federal agents note.



NPI update

Incorporated practices may need own NPIs

A health care practitioner should have one — and only one — National Provider Identifier (NPI) number, according to the U.S. Centers for Medicare & Medicaid Services (CMS); however, in some cases, an incorporated health care practice should have an NPI of its own.

CMS officials addressed the subject of NPIs for incorporated health care practices in a series of e-mail correspondences with the AOA Advocacy Group last month.

AOA Advocacy Group staff sought clarification on

Government scrutinizes Xibrom™ promotion

ISTA Pharmaceuticals, Inc., reported April 10 that it has received a subpoena from the United States Attorney's Office in Buffalo requesting the production of documents regarding promotional, educational and other activities relating to Xibrom™ (bromfenac sodium ophthalmic solution) 0.09%.

XIBROM™ ophthalmic solution is an non-steroidal anti-inflammatory indicated for the treatment of postoperative inflammation and reduction of ocular pain in patients who have undergone cataract extraction.

ISTA said it plans to fully cooperate in responding to the subpoena.

"It is ISTA's policy to fully comply with all applicable U.S. and foreign laws, rules and regulations of governmental agencies or other authorities," the company said in a prepared statement.

the issue in response to numerous inquiries from AOA members who report Medicare's Durable Medical Equipment Medicare Administrative Contractors (DME MACs) are essentially demanding optometric practices have two NPI numbers: one for use in reporting health care services and one for providing health-related products.

Optometrists who operate their offices as sole proprietorships or in partnerships with other optometrists do not need to obtain NPIs for their offices, a CMS spokesperson emphasized.

The NPI system was developed to provide a unique, universally recognized identification number for each health care provider in the United States, the CMS emphasizes. Each NPI number should identify one — and only one — person or entity. No person or entity should be identified by more than one NPI, CMS personnel add.

However, in the case of an incorporated practice, it may be appropriate for health care providers in the practice to use their NPIs on claims for health care services while using a separate NPI issued to the practice itself in filing claims for eyewear provided through the practice dispensary, CMS officials confirmed.

Should a DME MAC return a claim due to an NPI-related problem, the DME MAC's customer service representative should be contacted for clarification and advice on any corrective action necessary, a CMS official said (see related article).

Corporate entities

Health care providers should be mindful that under law there can be an important distinction between a health

care practitioner — a person who holds a license to practice a health care discipline practitioner — and the business entity — the office, institution or practice — in which that person provide health care, according to the CMS.

For legal and accounting purposes, health care practices and virtually all other businesses are operated as either sole proprietorships, partnerships or corporations.

Until recently, most health care practices, including most optometric practices, were operated as sole proprietorships, with the practitioner being the sole owner and sole "proprietor" of the practice health care business.

Growth in group practices over past decades has led to an increase in the number of practice partnerships, with two or more practitioners joining to pool resources and share risk in the business.

However, over recent years, a substantial percentage of both the nation's solo and group health care practices have been maintained as corporations (typically an "S-Corp" or, in some cases, "professional corporations" designated by the abbreviation "P.C.") with the owner or owners of the practice becoming stockholders in the corporation and the practice, as a corporation, recognized under law as a legal "entity," separate and distinct from the persons who own the practice or provide care in it.

Incorporation can provide a number of practice management advantages, according to accountants.

Because, in most incorporated optometric practices, the practice dispensary will technically be operated by the practice corporation itself, rather than any one practitioner in the practice, the practice corporation will generally be listed as the durable medical

Service reps ready to handle NPI problems

Problems related to the use of National Provider Identifiers (NPI) numbers on Medicare claims for durable medical equipment (DME) can often be resolved by Medicare Administrative Contractors (DME MACs) for durable medical equipment, according to the U.S. Centers for Medicare & Medicaid Services. DME MACs are to reject — not deny — claims with NPI-related problems, according to the CMS.

As a result, NPI-related problems on DME claims can generally be handled at the carrier level, according to the CMS. Optometrists who experience problems with claims for Medicare-covered cataract eyewear must contact a customer service representative (CSR) at the area's DME MAC to seek resolution, the CMS says.

"In many cases, the DME MACs can get the problem fixed after investigation with no additional action required by the DMEPOS supplier," a CMS staff person wrote in an e-mail to the AOA Washington office last month.

equipment, prosthetics, orthotics, and supplier (DME POS) with the area's DME MAC.

That means in order to file claims for eyewear or to conduct related transactions, the owners of the practice corporation will need to obtain an NPI for their business, a CMS official noted.

A DMEPOS supplier who is a sole proprietor is eligible for only one NPI, even if the DMEPOS supplier has more than one location.

Because the sole proprietor and his/her sole proprietorship business are legally a single entity — an individual — he/she is eligible for only one NPI. The sole proprietor applies for an NPI as an entity type 1 — Individual. The sole proprietorship may or may not have employees.

A DMEPOS supplier who is the sole owner of a corporation (e.g., an LLC, PA, PC, Chapter S corporation) commonly referred to as an "incorporated individual" is eligible for an NPI,

and so is the corporation. He/she applies for an NPI as an Type 1 – Individual, and the corporation applies for an NPI as an Entity type 2-organization. The corporation may or may not have employees.

Optometrists who are uncertain as to whether their practices are sole proprietorships, partnerships, or corporations should consult their bookkeepers or accountants, the CMS suggests.

NPIs will be required under federal law for use in insurance claim filing and most other common health-related transactions (electronic and paper), effective May 23, 2008.

The AOA Advocacy Group urges any optometrist who has not yet obtained an NPI to register for the new identifier as quickly as possible.

Health care providers can obtain an NPI by calling (800) 465-3203 to request a paper application or by applying online at <https://nppes.cms.hhs.gov>.

Students benefit from Optometry's Meeting™

Ryan Parker, O.D., Chair of the Optometry's Meeting™ Student Program Committee

Optometry's Meeting™ is the premiere event in the ophthalmic industry, merging the meetings for the AOA and the American Optometric Student Association (AOSA). This meeting is not only fun for students every year, but it is of great importance for students professionally. It won't be long before students will be venturing out into practice. Optometry's Meeting™ is a great place for students to jump-start their careers.

Optometry's Meeting™ is an excellent place to meet people who may provide significant help in the future. These people could be ODs, vendors or other students; the possibilities are endless. I have met many people at this meeting over the years who have enhanced my career. I encourage each and every student to take full advantage of the vast networking potential this meeting has to offer. I like to refer to the old saying, "It's not what you know, but who you know."

Whether educational or social, there are numerous opportunities for students to network and learn with their peers, ODs, and future business contacts. Some of these great opportunities are designed exclusively for the students.

❖ Thanks to a generous grant from VSP, students will be fascinated by the mind-reading abilities of Robert Channing as he entertains the audience during the AOSA General Session on Thursday afternoon.

❖ An exciting addition this year is the Student / New Graduate Kiosk in the AOA Booth in the Exhibit Hall. The Student and New Graduate Committee is going to be in the booth during Exhibit Hall hours to answer questions for students about the AOSA, how to get involved, and how to transition from the AOSA to the AOA after graduation. I encourage students to stop by and learn more about their association.

❖ Student Focus Hours in the Exhibit Hall have been dedicated specifically for students on Saturday from 11 a.m. to 1 p.m. This is a great opportunity to start building vendor relationships. By attending Optometry's Meeting™, students will see firsthand who supports the AOSA and AOA. Doing business with people who support optometry will continue to strengthen our profession and our association. Several drawings will be held throughout these dedicated hours for students

see Students, page 12



Educators' Exchange new format is flexible, wide-ranging

The Optometric Educators' Exchange (OEE) will return to Optometry's Meeting™ for a third year with an exciting slate of speakers and topics along with a re-energized format. The OEE will be held Friday, June 27 from 8 a.m. to 4 p.m. in Seattle.

The OEE is designed for educators to discover new teaching techniques, network with colleagues and obtain tools they can use in the classroom.

"We have a strong group of speakers this year with two from optometric institutions and two from the National Board of Examiners in Optometry (NBEO)," said Elli Kollbaum, O.D., 2008 OEE chair. "The topics are important ones in the educational arena, including authoring scholarly publications, question writing with insights to changes in the NBEO, clinical teaching fundamentals, and assessing clinical performance. We feel it will be a dynamic program."

Following breakfast, Gregory J. Nixon, O.D., will open the exchange with a morning keynote address on the "Fundamentals of Clinical Teaching."

Dr. Nixon, a clinical associate professor and coordinator of the Primary Care Extern Program at The Ohio State University College of Optometry, will emphasize key principles necessary for

training effective clinicians for optometric practice. Features of both didactic and clinical teaching will be presented along with case examples.

Then participants can choose one of the breakout sessions, followed by one hour of networking at roundtables.

The first breakout session

Ph.D., associate executive director and director of Psychometrics and Research, NBEO.

Drs. Casser and Gross will address "Preparations of Assessments That Evaluate Clinical Thinking" and offer valuable information and insight into the NBEO examinations, and associated item-

writing and case authoring, to facilitate faculty use of teaching/learning tools and testing of student knowledge in the context of clinical conditions. This session will also familiarize faculty with the anticipated restructured format of the NBEO examinations.

After the furnished lunch at noon, Dr. Nixon will offer the second keynote address, "Assessment of Student Clinic Performance."

Dr. Nixon's afternoon session will review methods of interpreting intern case presentations to look for key relevant features to properly assess clinical management abilities.

Following the address, participants can again choose a breakout session from the two listed earlier.

The day will conclude with more networking at roundtables.

"We've changed the format to allow for discussion through the day and accommodate the busy schedules of the attendees," said Dr. Kollbaum. "If someone cannot attend the full day, participation for part of the day will still be of value and easy to do."

The flexible format remains a bargain at \$25 for all or part of the day. Register for event #0220 at www.optometrysmeeting.org.

Join faculty colleagues at the Third Optometric Educator's Exchange and be part of the biggest meeting of the year.

For more information, contact Dr. Kollbaum at ekollbau@indiana.edu.

Call for courses for 2009 meeting opens May 7

The Continuing Education Committee of the AOA is pleased to invite submissions of optometric, paraoptometric, and optometric student education courses at the 2009 Optometry's Meeting™ in Washington, D.C., beginning May 7.

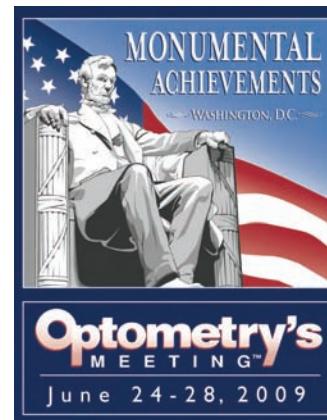
Continuing education courses will be held from Wednesday, June 24 through Sunday, June 28, 2009, in the Gaylord National™ Convention Center

Courses submitted cover a wide variety of ophthalmic topics. All abstracts must be submitted electronically via online submission by Aug. 8, 2008.

To submit a course, please visit the AOA Web site,

www.aoa.org, and click on the "2009 Call for Courses" icon. Inquiries regarding the Call for Courses can be emailed to: continuing-ed@aoa.org.

Submissions must be completed by August 8, 2008, for consideration. Notification of selected courses will be emailed to all applicants in early fall.





2008 Optometry's MEETING™

Washington State Convention & Trade Center Seattle, WA

CONFERENCE: June 25-29, 2008 EXHIBITS: June 26-28, 2008

Optometry's Meeting™ attendees clamor for remaining Jay Leno seats.

This year's closing event is sponsored by HOYA.

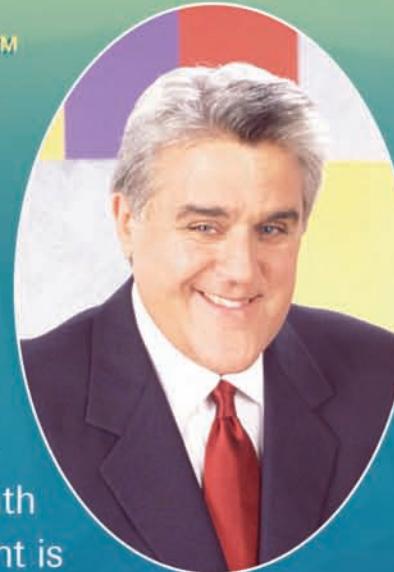
After the 2008 - 2009 Board of Trustees are introduced, Jay Leno, host of the Emmy Award-winning and top-rated *The Tonight Show with Jay Leno* will entertain with his "everyman" style and personality. Although this event is included in your base registration fee, attendees must register to attend the event. Limited seats remain. Function tickets will be required for admittance into this private event.

Following Leno's act, attendees are invited to enjoy a dessert reception and dance to the music of The Grooveline, four Los Angeles musicians who pay musical tribute to the sounds of the '70s and '80s.

This is a private event open to registered Optometry's Meeting™ professional attendees and their guests only

Please make sure to register for function #0380, while seats remain. Tickets required for admittance.

To register and learn more about Optometry's Meeting™, visit www.optometrysmeeting.org



Unparalleled CE, 200+ Exhibitors, House
of Delegates, Professional Interaction —
Optometry's Meeting™



Students, from page 10

to win cash and scholarships.

❖ The Optometric Residency Forum is a great resource for students who are considering a residency after graduation. On Friday, residency representatives from many optometry schools will be available to answer students' questions about their programs. This is a great opportunity to learn about what makes each residency program unique and see what program is best suited for each student.

❖ The Varilux Optometry Super Bowl and Reception is a Thursday night tradition at Optometry's Meeting™. The enthusiasm of the students who attend is amazing. Students cheer for their school wearing war paint and waving signs and flags. The students are so energized that Essilor, the sponsor of the event, instituted the "Spirit Award" given to the school that exemplifies the most team spirit.

❖ "iConnect with TLC" at Trinity, one of the hottest night clubs in Seattle, promises to be a hit for students. Students who register for and attend the TLC-sponsored course, "Is Your Patient a Candidate for Refractive Surgery?" on Friday afternoon will receive a wristband for admittance to this popular event on Friday night. Student guests may register for function #0260 to attend this "can't miss" party.

Education is one of the key focuses of Optometry's Meeting™. AOSA courses are offered to registered optometric students at no charge thanks in part to an education grant from The Vision Care Institute™, LLC, a Johnson & Johnson Company (TVCI). Student courses are designed to provide information not covered in class. In addition, OD courses are available to students at a reduced rate of \$5 per credit hour.

Immediately following the General Session you will want to attend "The Handbook of Ocular Disease Management: Focus on the Cornea," sponsored by Alcon. All attendees of this course will receive a complimentary copy of "The Handbook of Ocular Disease."

Students won't want to miss the Career Options Expo 2008: "Cracking the Code – The Keys to Implement the Total Patient Care Model, Part 1," on Thursday afternoon supported by an education grant from TVCI. The Vistakon® Travel Grants will be distributed during this course. Part 2 of the course will take place on Friday morning.

Students who are preparing to take their National Board Exams won't want to miss the NBEO review courses. Six review courses will be offered for only \$10 each.

Special AOSA student CE attendance prizes are sponsored by Alcon. Other general Optometry's Meeting™ events where students are welcome and encouraged to attend are:

- ❖ Wednesday Night Welcome Reception, sponsored by Bausch & Lomb.
- ❖ Optometry's Meeting™ Opening General Session, sponsored by Essilor, will kick off the meeting with the inspiration of Christopher Gardner, the author of the book and inspiration for the movie (starring Will Smith), "The Pursuit of Happyness."
- ❖ Exhibit Hall events including the HOYA-sponsored Washington Wine Experience and the AOA's Microbrew Mania. Both functions will feature "adult beverages" from the state of Washington.
- ❖ The CLCS Business Meeting & Luncheon, sponsored by Alcon.
- ❖ The Presidential Celebration with Jay Leno, comedian and host of the "Tonight Show." After Jay's performance, students will want to stick around for dessert and dancing to the funky sounds of '70s and '80s performed by The Grooveline. This fabulous evening of entertainment is being provided by HOYA. All students must register for #0380 to receive a ticket.

Visit www.optometrysmeeting.org for more information, to register, and book hotel reservations for the meeting. See you in Seattle!

Leno to take the stage at Optometry's Meeting™

Optometry's Meeting™ will be met with laughter and good times at the Presidential Celebration, Saturday, June 28 in Seattle.

Late-night show host Jay Leno will be setting new heights of comedy as the slatted entertainer for this private event sponsored by HOYA.

For more than 15 years, Leno has hosted the Emmy-award winning, top-rated "Tonight Show" on NBC.

Leno's "everyman" style and personality helped him win over millions of fans.

He is known as one of the nicest people in show business and the hardest working.

"The Tonight Show with Jay Leno" has won four Emmy awards during his time as host—one for Outstanding Comedy, Variety or Music Series and three for Outstanding Technical Direction.

In addition to his show's successes, Leno has received a star on the Hollywood Walk of Fame and was the first per-

son to drive the pace car for all of the major NASCAR events.

Leno loves to perform for live audiences and appears regularly in Las Vegas and on college campuses and other venues.

Leno has written several books, including his *New York Times*-bestselling children's book, "If Roast Beef Could Fly." All proceeds from his books go to charity.

Leno's hobbies include working on his collection of classic cars and motorcycles.

Leno was born in New Rochelle, N.Y., and raised in Andover, Mass. He and his wife, Mavis, live in Los Angeles.

Leno will perform at the Presidential Celebration on Saturday, June 28 at 8 p.m. for professional attendees—optometrists, paraoptometrists, and students.

Registered guests of professional attendees at Optometry's Meeting™ are also invited to this private event. Make sure attendees and guests are registered for

#0380 for admission ticket(s). Space is filling fast, and tickets will be required, no exceptions!

The Grooveline, a musical tribute band to the '70s and '80s, will perform following Leno.

The Grooveline was formed in 1992 by four Los Angeles musicians with polyester suits, eight-inch afros and John Travolta dance moves.

The Grooveline has performed across the United States and Europe, appearing on local and national television. They have even entertained 70,000 fans at a National Football League conference championship game in San Francisco.

The Grooveline is known as one of the most entertaining and fun bands one will ever experience.

Registration and housing for Optometry's Meeting™ is open. Hotel rooms are going fast and will be sold out soon. For more information, visit www.optometrysmeeting.org.

Medicare revises non-coverage notice

The U.S. Centers for Medicare & Medicaid Services (CMS) has revised the Medicare Advance Beneficiary Notice (ABN). Providers and suppliers could begin using the new ABN on March 3, 2008.

The CMS will allow a six-month transition period from the date of implementation for use of the revised form and instructions. All providers and suppliers must begin using the new ABN (CMS-R-131) no later than Sept. 1, 2008.

The ABN is a notice given to beneficiaries enrolled in the original (fee-for-service) Medicare program to convey that Medicare is not likely to provide coverage in a specific case.

Physicians (including optometrists) and other "notifiers" must complete the ABN and deliver the notice to affected beneficiaries or their representative before providing the

items or services that are the subject of the notice.

The ABN must be verbally reviewed with the beneficiary or his/her representative and any questions raised during that review must be answered before it is signed. The ABN must be delivered far enough in advance that the beneficiary or representative has time to consider the options and make an informed choice.

ABNs are never required in emergency or urgent care situations. Employees or subcontractors of the notifier may deliver the ABN. Once all blanks are completed and the form is signed, a copy is given to the beneficiary or representative. In all cases, the notifier must retain the original notice on file.

AOA members can find additional information on the AOA Web site at www.aoa.org/ABN.xml.

'Mommy bloggers' get schooled on InfantSEE®

Earlier this month, Johnson & Johnson held a corporate event called "Camp Baby" to provide interesting and relevant information and links about topics that would strike a chord with a new growing market—mommies who blog (an online journal or Web log) and their readers—the moms of America.

The InfantSEE® program was invited to participate, and InfantSEE® Committee Chair Scott Jens, O.D., served as a featured speaker.

The 55 moms in attendance were chosen as leaders in the blog community, and they proved to be an attentive audience for the InfantSEE® message and mission.

The mommy bloggers have begun to share what they learned about infants' vision at the event with their readership.

An excerpt from one of the attendee's blog posts read: "Dr. Scott Jens is speaking about vision care for your child(ren). He suggested bookmarking the APHA Web site and referring to it regularly. He's discussing The Vision Care Institute of J&J Vision Care, Inc. Dr. Jens is introducing us to The InfantSEE® Program, which is a program that would offer FREE (no strings attached) vision care for infants."

Statistics show that one in nine infants show an overall need for care...OK, Dr. Scott gets my vote as best speaker at Camp Baby. He really spoke about an important subject that is quite overlooked by many of us. Moms, we need to take full and complete charge of our babies' health; from skin to immu-

about a program that will benefit their children's health.

The statistics show considerable *InfantSEE.org* Web traffic due to the blog activity generated by Camp Baby. Hits, pages, and unique visitors are all up, by as much as 90 percent.

The sharp increase in Web traffic confirms the belief that moms' word of mouth is a powerful tool in promoting the InfantSEE® program, said Dr. Jens.

The InfantSEE® Committee will include an online component, including a blog, in its plans for the InfantSEE® Moms' Council, currently under development.

All of this online attention and awareness about InfantSEE® fits nicely with the commit-

tee's plans to reach out during the "Year of the Mom."

By including this advanced communication method with paid advertising, InfantSEE® will continue to create awareness of the program, which should translate into getting more babies seen.

For more information about the InfantSEE® program, or to sign up as an InfantSEE® provider, e-mail infantsee@aoa.org, call 800-365-2219, ext. 4286, or visit www.aoa.org.

Many of the bloggers have been writing about the InfantSEE® presentation at Camp Baby and are encouraging family, friends, and blog readers to schedule an InfantSEE® eye and vision assessment for their babies.

nizations to eye care."

Many of the mommy bloggers who attended the event have been writing about the InfantSEE® presentation at Camp Baby and are encouraging their family, friends, and blog readers to schedule an InfantSEE® eye and vision assessment for their babies.

The message is resonating with their readers; other moms are posting comments to the blogs, sharing their own experiences with vision problems and enthusiasm

Call for Volunteers for Junior Olympic Vision Evaluations

The AOA Sports Vision Section (SVS) will be conducting free vision evaluations July 23-25 for athletes competing in the 2008 Amateur Athletic Union (AAU) Junior Olympic Games in Detroit, Mich., thanks to the generosity of CIBA Vision. The program, co-chaired by Steven Hitzeman, O.D., and Stephen Beckerman, O.D., provides volunteers the opportunity to establish testing protocols, gather data, and aid in identifying the best types of sports vision evaluation equipment. In addition, it is an excellent opportunity to receive hands-on training and experience in the latest sports vision evaluation techniques.

The AAU Junior Olympic Games is the largest national multi-sport event conducted annually for youth in the United States. More than 3,800 Junior Olympic athletes have received free vision evaluations from the SVS in the last 14 years.

To volunteer or for more information, call the SVS office at 800-365-2219, ext. 4208 or e-mail SVS@aoa.org. Prospective volunteers will be contacted prior to the evaluations and informed of any funding available to help defray expenses.

Optometry students hear low vision program

The AOA Low Vision Rehabilitation Section (LVRS) Student Educational Awareness Program announced its third round of school visits for the 2008-2009 program year.

Sponsored by Optelec and ShopLowVision.com, the program has connected with students at every optometric school in the United States, Puerto Rico, and Canada since its inception in 2004.

"One of the most rewarding and inspirational educational programs developed by the Low Vision Rehabilitation Section of the AOA is the Student Educational Awareness Program," said Bruce Rosenthal, O.D., chair of the LVRS Council. "Students learn about some of the exciting developments that are taking place in low vision as well as learning more about some of the unique opportunities that are available. These settings include private practice, university and hospital settings, the new VA opportunities, and internships and residencies."

The two-and-a-half-hour program includes a reception involving participants, students, and host faculty members, followed by a presentation on low vision rehabilitation awareness, including motivational insights and practice management considerations.

The evening concludes with an opportunity for students to ask questions and the presentation of adaptive technology to the host school, generously donated by Optelec and ShopLowVision.com.

"ShopLowVision.com is thrilled to be sponsoring the Low Vision Rehabilitation Section Student Educational Awareness Program," said Lynne Noon, O.D., president of LowVision.com. "By visiting all optometry schools over the next two years, we hope to encourage new doctors to incorporate low vision rehabilitation into their practices. Low vision rehabilitation is not only rewarding, it can help a new practice succeed financially. At present, less than 15 percent of visually impaired patients receive low vision services, so there is an abundance of patients in need of care."

The program has provided students the opportunity to meet experienced low vision rehabilitation practitioners and learn more about preparing for a future in low vision rehabilitation.

All participating students are given the opportunity to sign up for a free one-year membership in the LVRS.

The program also provides information about the AOA LVRS and supports low vision rehabilitation clinics at the host school.

"The students learn about the benefits of joining as a student and as well as eventually working with their state associations in the AOA Low Vision Rehabilitation Section," said Dr. Rosenthal. "It is a great opportunity to learn how much enjoyment, as well as satisfaction, low vision can bring to one's practice in the profession of optometry."

For more information about the Student Educational Awareness Program, contact LVRS Manager Stephanie Brown at sdbrown@aoa.org.



Conference,

from page 1

Medicare physician payments and possible passage of a bill (S. 1117, the Vision Care for Kids Act) to direct federal funding to children's vision initiatives in the states.

Along with representatives of the National Optometric Association (NOA), the American Optometric Student Association (AOSA) and the Association of Schools and Colleges of Optometry (ASCO), hundreds of AOA ODs delivered the AOA's pro-active, pro-access, pro-patient message to their U.S. senators and representatives and even to federal agency officials at the Department of Health & Human Services and the Federal Trade Commission. Before their meetings with senators, representatives and their aides, participants were provided with detailed briefings on legislation before Congress by AOA Advocacy Group volunteers and the AOA Washington office team.

In addition to supporting an AOA-backed plan to avert Medicare cuts in 2008 and 2009 and building new Senate co-sponsors for S. 1117, conference participants worked hard to strengthen optometry's links to members of Congress and their aides and to educate them about optometry-specific bills.

H.R. 1884, a bill designed to end the exclusion of ODs from the

National Health Service Corps student loan repayment and scholarship programs, picked up several new supporters during the conference.

Another AOA-backed bill, the Optometric Equity in Medicaid Act (HR 1983), which seeks to extend physician status to ODs in the Medicaid program, was targeted by ophthalmology and organized medicine lobbying groups in a national campaign falsely asserting that its provisions would make every OD a surgeon.

An OD-led "Truth Squad" fanned out on Capitol Hill to counter these attacks and even succeeded in gaining new backers for the bill.

For more than two decades, the AOA has sought to energize optometry's federal advocacy efforts by bringing together concerned ODs and optometry students in Washington, D.C., for advocacy meetings on Capitol Hill.

Just a few years ago, the conference consisted of a core of about 100 to 150 dedicated federal Keypersons; however, this year's record-breaking attendance puts the AOA within striking distance of the immediate goal set by the AOA Board of Trustees of having at least one doctor or student in the nation's capital to meet with every U.S. senator and representative—a total of 535.

"Today is a great day for optometry," said Kevin Alexander, O.D., Ph.D., AOA



Michelle Haranin, O.D., chair of the AOA Federal Relations Committee, underlines the threats now facing the profession and explains why every OD is needed to continue fighting and winning for optometry.

president and the conference's opening speaker. "By traveling from across the country to be in Washington, D.C., we're showing that Advocacy for Optometry's Future is more than just a theme for our profession's largest federal advocacy meeting ever. It's our mission, and we are determined to accomplish it."

In addition to a record-breaking number of OD and student volunteer attendees, this year's conference also shattered all-time records for attendance by U.S. senators and representatives.

In fact, at the April 6 "Champions of Children's Vision" reception on Capitol Hill, recognizing the leadership of Sen. Kit Bond (R-Mo.), Sen. Robert Byrd (D-W. Va.) and Rep. Bill Pascrell (D-N.J.), more than 70 members of Congress.

Lawmakers from Florida, Texas, South Carolina, Nebraska, Missouri, Illinois, Hawaii and nearly every other state, arrived to meet with their local ODs and show support for optometry's legislative priorities.

The April 9 "Breakfast with Optometry's Champions," boasted participation of an array of powerful pro-optometry leaders in Congress selected to receive the AOA Health Care Leadership Award in recognition of their support for AOA-backed legislation. The lineup included U.S. House Majority Whip James Clyburn (D-S.C.), Sen. Susan Collins (R-Maine), Rep. Dave Camp (R-Mich.), Rep. Jan Schakowsky (D-Ill.), Rep. Mike Ross (D-Ark.), Rep. Joe Pitts (R-Pa.), Rep. Phil Hare (D-Ill.), and Rep. John Boozman, O.D. (R-Ark.).

"The AOA has fought and won important battles in Washington, D.C., in recent years," said Michele Haranin, O.D., chair of the AOA Federal Relations Committee. "However, with organized medicine and ophthalmology, the insurance and managed care industry, Internet contact lens sellers and other groups with anti-optometry agendas intensifying their lobbying efforts, concerned ODs must be prepared to do even more to ensure that our message is heard loud and clear in the nation's capital."

The conference was led by three co-chairs -- Roger Jordan, O.D., of the Federal Relations Committee, Tom Nye, O.D., of the AOA-PAC Board of Directors and Rick Cornett, executive director of the Ohio Optometric Association and a member of the Federal Legislative Action and Keyperson Committee — representing the AOA committees that were charged with redesigning it.

The co-chairs spotlighted the work of all AOA Advocacy Group volunteers in expanding the reach and impact of the conference as well as plans to continue to grow the event.

In 2009, at a time when Congress and the president are likely to be considering health care reform proposals, the Congressional Advocacy Conference will be held just prior to Optometry's Meeting™, also in Washington, DC, making it even more accessible to ODs and students.

Those interested in attending and making sure optometry has a seat at the table when important health policy decisions are made in the nation's capital, should contact the AOA Washington office at 800-365-2219. To learn more and view pictures from the 2008 AOA Congressional Advocacy Conference, go to www.aoa.org/x8932.xml.



Marc Piccolo, O.D., AOA Federal Relations Committee member, speaking to a packed house of doctor and student advocates from around the country, highlights the critical importance of fighting for patients and the profession.

Survey shows Americans lack critical eye health information

Most Americans do not know the risks and warning signs of diseases that could blind them if they don't seek timely detection and treatment, according to recent findings of the Survey of Public Knowledge, Attitudes, and Practices Related to Eye Health and Disease.

This survey was sponsored by the National Eye Institute (NEI), one of the National Institutes of Health (NIH), and the Lions Clubs International Foundation.

Like the results of the AOA's second American Eye-Q® survey, announced last fall, the new NEI-Lions survey found Americans place great value on their eyesight.

Seventy-one percent of respondents in the NEI-Lions survey reported that a loss of their eyesight would rate as a 10 on a scale of 1 to 10, meaning that it would have the greatest impact on their day-to-day life.

However, like the AOA survey, the new NEI-Lions survey found significant gaps in the public's understanding

of vision and eye care.

And like the AOA survey, the NEI-Lions findings appear to reinforce the critical need to educate the public about common eye diseases, such as glaucoma, diabetic eye disease, and age-related macular degeneration.

❖ The new survey found only 8 percent knew that there are no early warning signs of glaucoma.

❖ Fifty-one percent of respondents to the NEI-Lions survey said that they have heard that people with diabetes are at increased risk of developing eye disease, but only 11 percent knew that there are usually no early warning signs.

❖ Only 16 percent had ever heard the term "low vision," which affects millions of Americans.

❖ Hispanic respondents to the NEI-Lions survey reported the lowest access to eye health information, knew the least about eye health, and were the least likely to have their eyes examined among all racial/ethnic groups participating in the survey.

Forty-one percent of Hispanics reported that they had not seen or heard anything about eye health or disease in the last year, compared with 28 percent of Asians, 26 percent of blacks, and 16 percent of whites.

More than 3,000 adults were selected randomly to participate in the NEI-Lions national telephone survey conducted between October 2005 and January 2006.

"Good eyesight is important to our quality of life, and it is essential for adults to have accurate information to help them make informed decisions about their eye health needs," said Paul A. Sieving, M.D., Ph.D., director of the NEI. "These survey results will help us identify specific ways in which we can close the gap in knowledge about eye diseases and address the disparities that exist."

The NEI plans to use the survey results to develop ways to raise public awareness of eye disease and the importance of early detection and treatment. The NEI also will expand its educational

outreach to Hispanics.

In addition, the NEI said it will increase its efforts to educate health care providers on how to communicate with patients about ways to preserve and protect their vision.

"The survey shows us that nearly one quarter of Americans have not seen or heard anything about eye health or disease, and yet more than 90 percent have seen a health care provider," Dr. Sieving said.

"We need to educate these doctors, nurses, and other health care professionals with the tools they need to educate their patients on how to better maintain their eye health," he said.

The NEI coordinates the National Eye Health Education Program (NEHEP) in partnership with a variety of public and private organizations that conduct eye health education programs.

The focus of the NEHEP is on public and professional education programs that encourage early detection and timely treatment of glaucoma and diabetic eye disease and

the appropriate treatment for low vision.

The Lions Club International Foundation, which developed the Lions Eye Health Program, is a community-based education program for Lions Clubs, other community organizations, and individuals established to promote healthy vision and to raise awareness of the causes of preventable vision loss.

The mission of this program is to empower communities to save sight through the early detection and timely treatment of glaucoma and diabetic eye disease, encourage those at higher risk to get dilated eye exams, and educate those with low vision and their caregivers about these conditions.

The AOA is now conducting a third American Eye-Q® survey in an effort to gain additional insight on the public understanding of eye care and the measures needed to better educate the public on eye-related issues.

The full text of the new NEI-Lions survey is at www.nei.nih.gov/nehep/kap.

American Diabetes Association honors Chasse

The American Diabetes Association (ADA) inducted Mark Chasse, O.D., into its Connecticut & Western Massachusetts Hall of Merit. Dr. Chasse is the first eye doctor (optometrist or ophthalmologist) to receive this honor.

Dr. Chasse is a longtime volunteer leader for the ADA, identifying hundreds of people at risk of developing or currently living with undiagnosed diabetic retinopathy over the past 27 years.

The ADA unanimously chose Dr. Chasse to be recognized for his distinguished volunteer service to the diabetes community.

Dr. Chasse's community work in diabetes began 12 years ago when a state agency, Qualidigm, asked the Connecticut Association of Optometrists (CAO) to appoint an optometrist to sit on its expert panel on diabetes.

Dr. Chasse worked with Qualidigm to develop a reporting form on which optometrists and ophthalmologists can communicate their exam findings to their diabetic patients' primary care providers. This form is widely used today and is promoted by managed care organizations.

The ADA noted Dr. Chasse's efforts and requested his help to organize eye health screenings at its annual diabetes expo. To date, CAO optometrists have screened more than 650 people and referred 130 for needed care.

Two years ago, the Connecticut Department of Public Health asked Dr. Chasse to be the eye care representative on its advisory council for developing "The Connecticut Diabetes Prevention and Control Plan."

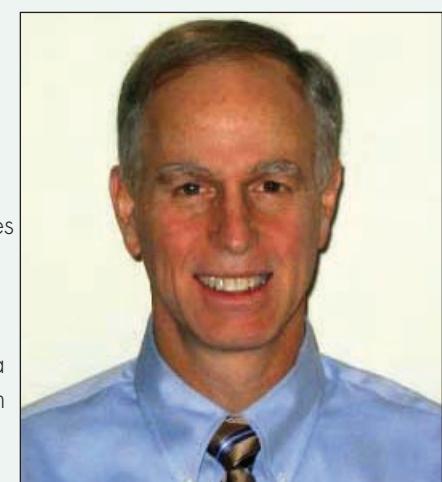
"I am very proud of being inducted into the American Diabetes Association's Hall of Merit because of the well-deserved recognition this award brings to all optometrists for the work they do in their communities and on behalf of their patients with diabetes," said Dr. Chasse.

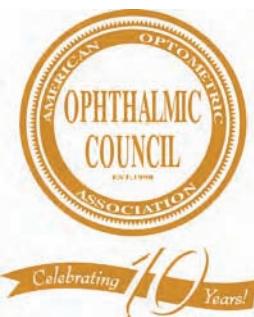
The Connecticut & Western Massachusetts Hall of Merit Gala is a prestigious formal celebration that recognizes prominent corporate leaders, humanitarians and medical professionals for community service and a dedication to finding a cure for diabetes.

In its 13-year history, this event has raised \$1.3 million for the ADA. Seventy-eight percent of the donations goes directly to fund program activities, including research, information, advocacy and public awareness.

In 2007, the ADA is supported 14 researchers in Connecticut and western Massachusetts in the amount of \$4.6 million for research projects for both type 1 and type 2 diabetes.

For more information about the ADA, visit www.diabetes.org.





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Industry Profile is a regular feature in AOA News allowing participants of the Ophthalmic Council to express themselves on issues and products they consider important to the members of the AOA.

Industry Profile: Essilor

Essilor of America, Inc. is the leading manufacturer and wholesale distributor of optical lenses in the United States. In 1996, with the establishment of Essilor Laboratories of America, Inc. (ELOA), Essilor became the first fully integrated optical company in the United States, specializing in ophthalmic lens production, manufacturing and distribution, in addition to wholesale optical laboratory operations. These leading independent laboratories serve opticians, optometrists, and ophthalmologists nationwide. Through ELOA, Essilor owns the largest and most comprehensive optical laboratory network in the United States.

Year after year, Essilor continues to live out its corporate mission. "Helping the world see better by providing excellent vision through premium products and services" is not just a far-reaching goal to be attained, it is the cornerstone of every product launch, technological advancement, and program the company delivers. As proof of that commitment to the industry, Essilor continues to bring innovation to life through research, advances in lens technology, and educational services to the eye care professional (ECP). These three components set Essilor apart from its competitors and characterize Essilor as the world leader in ophthalmic optics.

Essilor works closely with ECPs to provide products that fit patients' lifestyles. The industry's most technologically advanced lenses – Varilux®, Crizal®, Definity®, Thin&Lite®, Airwear® and Transitions® lenses – demonstrate the company's ability to respond to consumer demand for quality eyewear that is comfortable, attractive, durable and lightweight.

Essilor's Varilux lens is the world's leading progressive lens and is the most technologically advanced solution for presbyopia. Varilux lenses enable wearers to see near, far and in between without the tell-tale age lines of bifocals. Since the launch of Varilux® Physio 360° and Varilux Physio™, Varilux has experienced aggressive growth and the expansion of the product line with the ability to fill the most complex prescriptions on the market in all available materials. These lenses introduced wavefront correction in progressive lenses for the first time to the optical industry. And in 2007, Varilux Ellipse™ and Varilux Comfort™ lenses became available in enhanced design offering through Essilor's 360° Digital Surfacing™ technology.

Essilor recently teamed with 3M Company to debut a state-of-the-art lens, Crizal Avancé™ with Scotchgard™ Protector – the anti-reflective lens that's made to stay clean. This exciting new generation of Crizal® lenses offers customers an unprecedented level of lens performance, cleanability and clarity.

Essilor is a proud member and supporter of the AOA for its significant contributions to the growth and leadership of the optical industry. And Essilor remains committed to empowering the eye care industry through comprehensive educational programs throughout the year. Essilor also brings in an energetic student crowd with the annual sponsorship of the popular Varilux® Optometry Super Bowl where optometry students showcase their knowledge. Through this event, students become even more enthusiastic about their chosen profession. The noise and excitement is something to be witnessed!

Through training and education, Essilor is dedicated to helping ECPs provide the most up-to-date solutions for their patients. The company continues to develop the most technologically advanced products, while focusing on its main objective – helping people see the world better. In coming years, look for Essilor to provide even more comprehensive solutions to help the world see better, through the continuous partnering and educational offerings to which Essilor is committed.

For more information, visit www.essilor.com, www.essilorusa.com, or www.eloa.com.

Professional golf instructor and swing coach Matt Killen, left, meets with Transitions Optical's Pat Huot to discuss Killen's success with wearing Oakley® Activated by Transitions™ lenses. Transitions recently launched Transitions VI lenses. www.transitions.com



Company releases audible blood glucose meter

Diagnostic Devices, Inc. (DDI), which manufactures blood glucose monitoring products, announces the totally audible Prodigy® Voice Meter for those with diabetes who are blind or visually impaired.

The step-by-step instructions, test results, and user history meet the recommendations set forth by the National Federation of the Blind (NFB).

The Voice has received the NFB A+ Access Award, which is the seal of approval awarded to those products and services that meet the highest standards of accessibility for the visually impaired.

"I have had the opportunity to work with the Prodigy Voice meter for several weeks and have found it to be extremely user-friendly and accurate compared with the gold standard HemoCue 201," said A. Paul Chous, O.D.

Additional features include autocoding of strips, easy-to-identify buttons by finger touch and accurate results in six seconds.

The Voice uses a very small blood sample and an earphone jack for testing in public with privacy. The audible memory records date and time, audible averages and error messages and includes a repeat button.

The English or Spanish version Prodigy® Voice Meter's audio feature is ideal for those who are blind and need to hear their test results.

The memory stores 450 test results with averages from seven to 90 days. It has free downloadable software to support test results to be reviewed and stored on a computer.

For more information, call 800-366-5901 or visit DDI's Web site at www.prodigymeter.com.



The Ralph Sunwear Collection includes a variety of shapes and sizes as well as a wide array of colors and custom laminations designed to appeal to a broad customer base. Shown is style RA5004. www.luxottica.com



Novartis to buy controlling share of Alcon, names new CIBA CEO

Novartis is undergoing big changes at the top with an agreement to purchase a controlling share of Alcon stock and the announcement of a new chief executive officer for CIBA Vision, a Novartis company.

Novartis reached an agreement with Nestle S.A. to buy 74 million of its shares of Alcon common stock in a cash transaction for \$143.18 per share or a total of \$39 billion.

Once the stock is purchased, Novartis will own a minority stake in Alcon of approximately 25 percent of Alcon's outstanding shares, while Nestle would remain Alcon's majority shareholder with approximately 52 percent of outstanding shares.

Following completion of the transaction's first step, Novartis will have a representative on Alcon's board of directors. Alcon and Novartis will remain separate and independent companies.

The companies also announced that the agreement grants Novartis an option to buy Nestle's remaining Alcon shares at a fixed price of \$181 per share.

Nestle is granted an option to sell its remaining Alcon shares to Novartis at the lower of \$181 per share or at a 20.5 percent premium above the market price of Alcon shares.

The agreement will also expand the Alcon board of directors from eight to 10, with one of the additional members designated by Nestle and one designated by Novartis.

Shareholders are voting on whether to expand the Alcon board and to elect the nominees at Alcon's annual general meeting on May 6.

"I welcome Novartis as a minority investor, and I believe the agreement validates Alcon's leadership and bright future in the attractive and growing eye care market," said Cary Rayment,

Alcon's chairman, president and chief executive officer. "It is also a testament to all of our employees who have been responsible for making Alcon the global leader in the eye care market."

The purchase and sale transaction is subject to regulatory approvals.

Under the agreement, if majority ownership is transferred from Nestle, Novartis and Alcon will identify the best way to realize synergies from combining their complementary eye-related businesses.

According to Novartis,

potential benefits could include:

- ❖ Creating a broader portfolio of eye care products, in particular with CIBA Vision (a Novartis company) contact lens products and Novartis medicines such as Lucentis® for severe eye diseases not addressed by Alcon's portfolio
- ❖ Research and development activities
- ❖ An expansion in fast-growing regions, particularly Asia, where Novartis has longstanding operations
- ❖ Limiting risks of price regulation, building leadership

in a specialty health care area, and gaining greater access to businesses with discretionary consumer spending.

"This acquisition furthers our strategy of accessing high-growth segments of the healthcare market while balancing inherent risks," said Daniel Vasella, M.D., chairman and CEO of Novartis.

"The strategic fit of Alcon and Novartis is excellent with our complementary product portfolios and R&D synergies. Eye care will continue to grow dynamically as there is a growing unmet

medical need driven primarily by the world's aging population," said Dr. Vasella.

The Novartis Consumer Health Division also announced the appointment of Andrea Saia as chief executive officer of CIBA Vision.

Saia was formerly the chief operating officer of CIBA Vision and held several global positions of increasing responsibility within the company.

Saia succeeds Michael Kehoe, who has decided to pursue outside career opportunities.

J&J sponsors U.S. soccer, opens campus satellites

Johnson & Johnson Vision Care, Inc., announced it is an official sponsor of the U.S. Soccer Federation (USSF), the national governing body for the sport of soccer in the United States.

Under terms of the agreement, Johnson & Johnson Vision Care will sponsor the U.S. Men's National Team, the U.S. Women's National Team and the U.S. Youth National Teams in 2008.

In addition, Johnson & Johnson Vision Care will provide national team members with Acuvue® Contact Lenses — the official lens of the U.S. national teams — when an eye exam determines that a corrective Acuvue contact lens is right for them.

Through the USSF sponsorship, Johnson & Johnson Vision Care will educate athletes and fans about the important role vision plays in sports performance.

The outreach will also extend beyond sports by showing the benefits of better vision in other aspects of daily life, such as driving, working on a computer, or in the classroom.

U.S. Women's National Team member Heather O'Reilly will play a leading role in the efforts to educate



"With proper vision correction, I've noticed a change in my game," said Heather O'Reilly of the U.S. Women's National Soccer Team. "I can actually see the spin of the ball, which helps me anticipate where it's heading and makes my shots and passes more precise."

athletes and other performance-minded individuals by sharing her personal story about the valuable role of vision in life.

"I didn't realize how much my bad eyesight was affecting me on the field until an eye exam revealed that my vision was less than it should be," said O'Reilly.

TVCI adds campus satellites

The Vision Care

Institute™, LLC, a Johnson & Johnson Company, partners with leading optometry schools and colleges to extend its professional-level training opportunities for optometry students with distance learning and live programming at on-campus satellite centers.

The Southern California College of Optometry and the Northeastern State University Broken Arrow Oklahoma College of Optometry (NSU) are the fourth and fifth optometry schools to participate,

respectively.

"The satellite learning centers provide a direct link between the main campus of The Vision Care Institute in Jacksonville, Fla., and the optometry schools, enhancing students' experiences with even more information and skills useful for their careers," said Richard Clompus, O.D., director, The Vision Care Institute. "Educational programming at the satellite centers includes distance learning programs for first- through fourth-year optometry students, using video conferencing technologies from the Jacksonville headquarters."

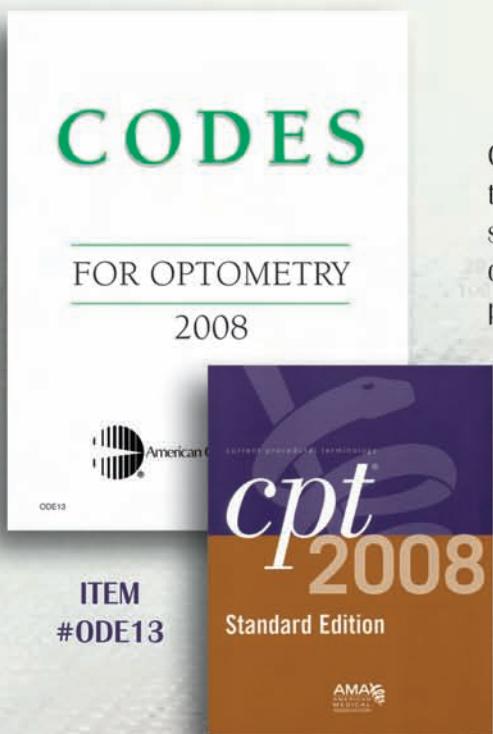
"The Satellite Learning Center allows all the various college constituents to hold important meetings and conferences without leaving home," said Les Walls, O.D., M.D., president of SCCO.

"I anticipate a high demand for its use by faculty and students and anticipate that it will help promote professional private practice for our graduates," said George Foster, O.D., dean of NSU. "The generosity of The Vision Care Institute is overwhelming in the magnitude of support given to the schools and colleges of optometry and for that I am most grateful."



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Primary Care/Ocular Disease Faculty Position Department of Optometry School of Optometry University of Alabama at Birmingham

The University of Alabama at Birmingham, School of Optometry, Department of Optometry, invites applicants for a faculty position available Summer 2008. This position is tenure-earning or nontenure-earning at the rank of assistant professor or associate professor.

Applicants for this position in the Department of Optometry must possess the Doctor of Optometry degree and have completed an ACOE accredited residency program preferably in primary eye care or ocular disease. Evidence of an ability to develop in the area of patient care and research is important. The successful candidate will have teaching responsibility in both the clinic as well as classroom and laboratories. In addition, this position entails active participation in clinical research or other scholarly activities.

A curriculum vitae, statement of clinical teaching and research interest, and names and addresses of three professional references should be sent to:

Jimmy D. Bartlett, O.D., Sc.D.
Professor and Chair
Department of Optometry, School of Optometry
1716 University Blvd.
University of Alabama at Birmingham
Birmingham, AL 35294-0010

Deadline for receipt of applications is April 30, 2008 or until the position is filled.

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THE EYE CENTER AT SOUTHERN COLLEGE OF OPTOMETRY

The Eye Center at SCO is aggressively expanding its faculty. With a reputation for clinical and didactic excellence, the college is searching for clinicians with expertise in Ocular Disease, Contact Lens care and visual function. Clinicians with interests in other areas are also encouraged to apply. Successful applicants will possess excellent clinical skills, outstanding teaching abilities and a high degree of intellectual curiosity. An interest in clinical research is also desirable.

The position requires a Doctor of Optometry degree with full scope licensure in Tennessee (or eligibility for such licensure.) Highly desirable are residency training and/or advanced degrees.

We offer a highly competitive benefits package, including newly enhanced salary compensation, loan repayment up to \$75k, and relocation benefits. Salary is commensurate with education level, training and experience.

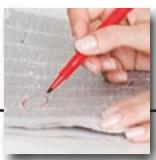
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SCHOOL OF
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Department of Optometry

Pediatric Faculty Position Department of Optometry School of Optometry University of Alabama at Birmingham

The University of Alabama at Birmingham, School of Optometry, Department of Optometry, invites applicants for a faculty position available Summer 2008. This position is part-time and non-tenure earning at the rank of assistant professor or associate professor.

Applicants for this position in the Department of Optometry must possess the Doctor of Optometry degree and have completed an ACOE accredited optometry pediatric residency program or have had substantial pediatric experience.

Preference will be given to applicants who have experience and expertise in vision therapy and individuals with special needs. The successful candidate will have primarily patient care and external clinic development responsibilities.

A curriculum vitae, statement of clinical teaching interests, and names and addresses of three professional references should be sent to:

Jimmy D. Bartlett, O.D., Sc.D.
Professor and Chair
Department of Optometry, School of Optometry
1716 University Blvd.
University of Alabama at Birmingham
Birmingham, AL 35294-0010

Deadline for receipt of applications is May 15, 2008 or until the position is filled.

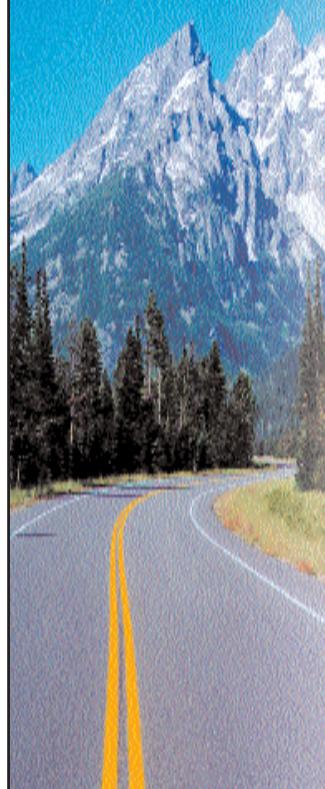
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Candidates should submit a letter of application, a current, comprehensive curriculum vitae, and three references. Applications will be accepted until the positions are filled.

SUBMIT APPLICATION MATERIALS TO:

Denise Goodwin, OD, FAAO
Pacific University
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2043 College Way
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Further information can be obtained by contacting:

Barry M. Fisch, OD (112 - 0)
Director, Optometric Research Fellowship
C/O Jamaica Plain VAMC
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MEETINGS

May

VT/STRABISMUS & AMBLYOPIA PROBLEMS (OEP CLINICAL CURRICULUM)
Optometric Extension Program Foundation May 1-4, 2008 Vancouver, Canada Theresa Krejci 800/447 0370 TheresaKrejci@verizon.net www.oep.org

MIDWEST VISION CONGRESS & EXPO May 8-10, 2008 Park Hyatt Hotel, Rosemont, Illinois www.midwestvisioncongress.com

MONTANA OPTOMETRIC ASSOCIATION 2008 ANNUAL CONFERENCE May 15-17, 2008 Hilton Garden Inn, Missoula, Sue A. Weingartner 406/443-1160 FAX: 406/443-4614 sweingartner@rmsmanagement.com www.mteyes.com

NEW MEXICO OPTOMETRIC ASSOCIATION ANNUAL CONVENTION Embassy Suites Hotel, Albuquerque May 15-18, 2008 Richard Montoya 505/751-7242 FAX: 505/751-7243 fleece@laplaza.org

NOVA SOUTHEASTERN UNIVERSITY COLLEGE OF OPTOMETRY 12TH ANNUAL CLINICAL EYE CARE CONFERENCE AND ALUMNI REUNION May 16-18, 2008 Fort Lauderdale, Florida N. Scott Gorman, O.D., MS, EdD, 954/262-1462 scottg@nsu.nova.edu http://optometry.nova.edu/ce

2008 EASTERN STATES CONGRESS OPTOMETRIC EXTENSION PROGRAM FOUNDATION May 18-19, 2008 Mohonk Mountain House, New Paltz, NY Stuart M. Rothman, O.D. smrod@aol.com

14TH ANNUAL EUROPEAN KRASKIN INVITATIONAL SKEFFINGTON SYMPOSIUM ON VISION (EKISS) OPTOMETRIC EXTENSION PROGRAM FOUNDATION May 24-26, 2008 Kobæk Strand Conference Center, Kobækvej 85, DK-230 Skælskør, Denmark. Steen Saust

UTAH OPTOMETRIC ASSOCIATION 2008 ANNUAL CONVENTION May 29-June 1, 2008 Park City, Utah Clive E. Watson 801/364-9103 FAX: 801/364-9613 uoa@xmission.com www.utaheyedoc.org

ANNUAL SPRING CONGRESS ARIZONA OPTOMETRIC ASSOCIATION May 30-June 1, 2008 Hilton El Conquistador Resort & Spa, Tucson, Arizona 602/279-0055 info@azoa.org

June

MISSISSIPPI OPTOMETRIC ASSOCIATION SUMMER CONVENTION & THIRD PARTY CONFERENCE June 5-7, 2008 Pearl River Resort, Philadelphia, MS Linda Ross Aldy 601/853-4407 FAX: 601/853-4408 msopmetr@aol.com www.mseyes.com

GEORGIA OPTOMETRIC ASSOCIATION 104TH ANNUAL MEETING June 5-8, 2008 Sandestin Golf & Beach Resort, Sandestin, Florida Vanessa Grosso 800/949-0060 or 770/961-9866 FAX: 770/961-9965 vanessgoa@aol.com www.goaeyes.com

AEA CRUISES OPTOMETRIC CRUISE SEMINAR – GREEK ISLES June 5-17, 2008 Aboard the Emerald Princess 888/638-6009 aeacruses@aol.com www.optometriccruiseseminar.com

JOINT CONFERENCE ON CLINICAL AND THEORETICAL OPTOMETRY (JCTCO) OPTOMETRIC EXTENSION PROGRAM FOUNDATION June 5-9, 2008 Pacific University, Forest Grove, OR Sally Corngold smcorngold@cep.org

MISSOURI OPTOMETRIC ASSOCIATION LEADERSHIP CONFERENCE June 6-8, 2008 Country Club Hotel and Spa, Lake of the Ozarks, Joyce Baker 573/635-6151 info@moeyecare.org

NORTH CAROLINA STATE OPTOMETRIC SOCIETY ANNUAL SPRING CONGRESS June 6-8, 2008 Embassy Suites Hotel, Myrtle Beach, South Carolina nceycare@aol.com www.nceyes.org

PENNSYLVANIA OPTOMETRIC ASSOCIATION POA SPRING EDUCATIONAL CONFERENCE June 6-8, 2008 Omni William Penn Hotel, Pittsburgh, Ilene Sauerteig 717/233-6455 ilene@poaeyes.org

VIRGINIA OPTOMETRIC ASSOCIATION MIDDLE ATLANTIC CONTINUING EDUCATION CONFERENCE AND PARAOPTOMETRIC EDUCATION CONFERENCE June 6-8, 2008 Sheraton West, Richmond, Virginia Bruce B. Keeney, Sr. 804/643-0309 www.voaeyedocs.org

JUNE "SUMMER" CONFERENCE MAINE OPTOMETRIC ASSOCIATION June 13-15, 2008 207/626-9920 Harborside Hotel & Marina, Bar Harbor, Maine moa.office@maineeyedoctors.com www.maineeyedoctors.com

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COLORADO OPTOMETRIC ASSOCIATION, COLORADO VISION SUMMIT July 10-13, 2008 Steamboat Grand/Sheraton, Steamboat Springs, Colorado Barbara Zablotny barbaraz@visioncare.org

FLORIDA OPTOMETRIC ASSOCIATION 106TH ANNUAL CONVENTION July 10-13, 2008 Naples Grande Resort & Spa, Naples, Florida Kellie Webb

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To submit an item for the meetings calendar, send a note to
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IQUIX® (levofloxacin ophthalmic solution) 1.5%

BRIEF SUMMARY

IQUIX® solution is indicated for the treatment of corneal ulcer caused by susceptible strains of the following bacteria:

GRAM-POSITIVE BACTERIA:
Corynebacterium species*
Staphylococcus aureus
Staphylococcus epidermidis
Streptococcus pneumoniae
*Viridans group streptococci**

*Efficacy for this organism was studied in fewer than 10 infections.

CONTRAINDICATIONS

IQUIX® solution is contraindicated in patients with a history of hypersensitivity to levofloxacin, to other quinolones, or to any of the components in this medication.

WARNINGS

NOT FOR INJECTION

IQUIX® solution should not be injected subconjunctivally, nor should it be introduced directly into the anterior chamber of the eye.

In patients receiving systemic quinolones, serious and occasionally fatal hypersensitivity (anaphylactic) reactions have been reported, some following the first dose. Some reactions were accompanied by cardiovascular collapse, loss of consciousness, angioedema (including laryngeal, pharyngeal or facial edema), airway obstruction, dyspnea, urticaria, and itching. If an allergic reaction to levofloxacin occurs, discontinue the drug. Serious acute hypersensitivity reactions may require immediate emergency treatment. Oxygen and airway management should be administered as clinically indicated.

PRECAUTIONS

General: As with other anti-infectives, prolonged use may result in overgrowth of non-susceptible organisms, including fungi. If superinfection occurs, discontinue use and institute alternative therapy. Whenever clinical judgment dictates, the patient should be examined with the aid of magnification, such as slit-lamp biomicroscopy, and, where appropriate, fluorescein staining. Patients should be advised not to wear contact lenses if they have signs and symptoms of corneal ulcer.

Information for Patients:

Avoid contaminating the applicator tip with material from the eye, fingers or other source.

Systemic quinolones have been associated with hypersensitivity reactions, even following a single dose. Discontinue use immediately and contact your physician at the first sign of a rash or allergic reaction.

Drug Interactions:

Specific drug interaction studies have not been conducted with IQUIX®. However, the systemic administration of some quinolones has been shown to elevate plasma concentrations of theophylline, interfere with the metabolism of caffeine, and enhance the effects of the oral anticoagulant warfarin and its derivatives, and has been associated with transient elevations in serum creatinine in patients receiving systemic cyclosporine concomitantly.

Carcinogenesis, Mutagenesis, Impairment of Fertility:

In a long term carcinogenicity study in rats, levofloxacin exhibited no carcinogenic or tumorigenic potential following daily dietary administration for 2 years; the highest dose (100 mg/kg/day) was 100 times the highest recommended human ophthalmic dose.

Levofloxacin was not mutagenic in the following assays: Ames bacterial mutation assay (*S. typhimurium* and *E. coli*), CHO/HGPRT forward mutation assay, mouse micronucleus test, mouse dominant lethal test, rat unscheduled DNA synthesis assay, and the *in vivo* mouse sister chromatid exchange assay. It was positive in the *in vitro* chromosomal aberration (CHL/IU cell line) and *in vitro* sister chromatid exchange (CHL/IU cell line) assays.

Levofloxacin caused no impairment of fertility or reproduction in rats at oral doses as high as 360 mg/kg/day, corresponding to 400 times the highest recommended human ophthalmic dose.

Pregnancy: Teratogenic Effects. Pregnancy Category C:

Levofloxacin at oral doses of 810 mg/kg/day in rats, which corresponds to approximately 1000 times the highest recommended human ophthalmic dose, caused decreased fetal body weight and increased fetal mortality.

No teratogenic effect was observed when rabbits were dosed orally as high as 50 mg/kg/day, which corresponds to approximately 60 times the highest recommended maximum human ophthalmic dose, or when dosed intravenously as high as 25 mg/kg/day, corresponding to approximately 30 times the highest recommended human ophthalmic dose.

There are, however, no adequate and well-controlled studies in pregnant women. Levofloxacin should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers:

Levofloxacin has not been measured in human milk. Based upon data from ofloxacin, it can be presumed that levofloxacin is excreted in human milk. Caution should be exercised when IQUIX® is administered to a nursing mother.

Pediatric Use:

Safety and effectiveness in children below the age of six years have not been established. Oral administration of systemic quinolones has been shown to cause arthropathy in immature animals. There is no evidence that the ophthalmic administration of levofloxacin has any effect on weight bearing joints.

Geriatric Use:

No overall differences in safety or effectiveness have been observed between elderly and other adult patients.

ADVERSE REACTIONS

The most frequently reported adverse events in the overall study population were headache and a taste disturbance following instillation. These events occurred in approximately 8-10% of patients.

Adverse events occurring in approximately 1-2% of patients included decreased/blurred vision, diarrhea, dyspepsia, fever, infection, instillation site irritation/discomfort, ocular infection, nausea, ocular pain/discomfort, and throat irritation.

Other reported ocular reactions occurring in less than 1% of patients included chemosis, corneal erosion, corneal ulcer, diplopia, floaters, hyperemia, lid edema, and lid erythema.

Rx Only.

Manufactured by:

Santen Oy, P.O. Box 33, FIN-33721 Tampere, Finland

Santen®

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Jacksonville, FL 32256 USA

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April 2007 Version

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INTRODUCING IQUIX®



SUSTAINED LEVELS OF CONCENTRATION



**Delivering concentration
above and below
the ocular surface¹⁻³**



(levofloxacin ophthalmic solution) 1.5%

Take Concentration to a New Level

IQUIX® is indicated for the treatment of corneal ulcers. The ocular adverse events occurring in 1%-2% of patients included decreased/blurred vision, instillation site irritation/discomfort, ocular infection, and ocular pain/discomfort. The non-ocular adverse events occurring in approximately 8%-10% of patients were headache and taste disturbance. IQUIX® solution is contraindicated in patients with a history of hypersensitivity to levofloxacin, to other quinolones, or to any of the components in this medication.

References: 1. Walters TR, Hart W. Tear concentration of 1.5% levofloxacin ophthalmic solution following topical administration in healthy adult volunteers. *Invest Ophthalmol Vis Sci.* 2003;44:E-Abstract 4453. 2. Data on file, VISTAKON® Pharmaceuticals. Pharmacokinetic report for comparative ocular penetration of levofloxacin, moxifloxacin and gatifloxacin following a single topical administration to the rabbit eye. Study No. 74202. 3. Data on file, VISTAKON® Pharmaceuticals. A randomized, observer-masked, parallel-group, multicenter trial evaluating the ocular penetration of 1.5% levofloxacin ophthalmic solution and 0.3% gatifloxacin ophthalmic solution in subjects undergoing corneal transplant surgery. Clinical Study Report 16-007R. August 2, 2005.

Please see brief summary of full Prescribing Information on the next page.

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